

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number:: Unassigned  
Filing Date:: August 3, 2006  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of Copies of CRF:: 1  
Title:: METHODS OF TREATING SKIN DISORDERS  
Attorney Docket Number:: 253780  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name::  
Family Name:: MAGILAVY  
Name Suffix::  
City of Residence:: Kensington  
State or Prov. of Residence:: New Hampshire  
Country of Residence:: US  
Street of mailing address:: 10 Hillard Road  
  
City of mailing address:: Kensington  
State or Province of mailing address:: New Hampshire  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 03833

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/003907	February 7, 2005
PCT/US2005/003907	Non Provisional of	60/542,311	February 6, 2004

## **FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
			Yes

## **ASSIGNEE INFORMATION**

Assignee name::	ASTELLAS US LLC
Street of mailing address::	3 Parkway North
City of mailing address::	Deerfield
State or Province of mailing address::	Illinois
Country of mailing address::	US
Postal or Zip Code of mailing address::	60015